



U.S. Department of Justice

Justice Management Division

Security and Emergency Planning Staff

Washington, D.C. 20530

MEMORANDUM FOR:

[Redacted]
Security Programs Manager
Federal Bureau of Investigation

b6 per FBI
b7C

FROM:

GRB
Glenn R. Bensley
Assistant Director/OISSO
Security and Emergency Planning
Staff.

SUBJECT:

Security Clearance
Classified Investigation
(Guantanamo)

DATE:

September 12, 2005

Attached please find a completed Standard Form 86, Questionnaire
for National Security Positions for (b) (6)
(b) (6) Thomas P. Sullivan, (b) (6)
(b) (6) attorneys and (b) (6) interpreter.

It is requested that a background investigation (10-year scope)
be conducted for purposes of granting a Top Secret security
clearance which is needed to perform duties in the above-
mentioned litigation. In addition, it is requested that the
completed investigative reports be provided to my staff no
later than 45 days after receipt of this memorandum. In order
to grant an interim Secret clearance, an expedited request to
conduct a name check was sent under separate cover.

Thank you for your assistance. If there are any questions
concerning this memorandum, please have a member of your
staff call Barbara Russell on (b) (6)

Attachments

259D-HQ-1509672-1

O & A 259D

SCIP-OTHER

OO:HQ

b6 per FBI
b7C

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0007
NSN 7540-00-634-4036
86-111

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only. (Complete items A through F using instructions provided by the investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
L SOI	M Location of Security Folder	None At SOI NPI	Other Address					ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME	• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".			• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.			2 DATE OF BIRTH
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year	
Sullivan	Thomas	Patrick		03	23	30	
3 PLACE OF BIRTH - Use the two letter code for the State.	4 SOCIAL SECURITY						
City	County	State	Country (if not in the United States)				
Evanston	Cook	IL		342-22-7548			
5 OTHER NAMES USED	Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.						
#1 Name	Month/Year	Month/Year	Name	Month/Year	Month/Year		
	To			To			
#2 Name	Month/Year	Month/Year	Name	Month/Year	Month/Year		
	To			To			
6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box)		
	5' 9"	145	Brown	Brown	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		
7 TELEPHONE NUMBERS	Work (Include Area Code and extension)		Home (Include Area Code)				
	<input checked="" type="checkbox"/> Day (312) 923-2928		<input checked="" type="checkbox"/> Day (847) 256-7539				
8 CITIZENSHIP	a Mark the box at the right that reflects your current citizenship status, and follow its instructions.						b Your Mother's Maiden Name
	<input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)						(b) (6)
	<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)						
	<input type="checkbox"/> I am not a U.S. citizen. (Answer items b and a)						
c UNITED STATES CITIZENSHIP	If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.						
Naturalization Certificate (Where were you naturalized?)							
Court	City	State	Certificate Number	Month/Day/Year Issued			
Citizenship Certificate (Where was the certificate issued?)							
City	State	Certificate Number	Month/Day/Year Issued				
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States							
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation					
U.S. Passport							
This may be either a current or previous U.S. Passport.			Passport Number	Month/Day/Year Issued			
d DUAL CITIZENSHIP	If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.						Country
e ALIEN	If you are an alien, provide the following information:						
Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(es) of Citizenship		
			Month Day Year				

2593-HQ-1709672-1

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
5/86	Present	1529 Greenwood		Wilmette	IL	60091
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code

b6 per FBI

b7C

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
9/49	6/52	2	Loyola Univ. Law School	LLB	6/52
Street Address and City (Country) of School					State
One East Pearson Street, Chicago					IL
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State

Enter your Social Security Number before going to the next page

342-22-7548

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations
2 - National Guard/Reserve
3 - U.S.P.H.S. Commissioned Corps
4 - Other Federal employment

5 - State Government (Non-Federal employment)
6 - Self-employment (include business name and/or name of person who can verify)

7 - Unemployment (include name of person who can verify)
8 - Federal Contractor (List Contractor, not Federal agency)
9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	4/81 To Present	9	Jenner & Block LLP	Partner		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
One IBM Plaza			Chicago	IL	60611	(b) (6)
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
						()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
None						()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
#2	To		Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
						()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
						()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
						()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
#3	To		Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
						()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
						()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
						()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

Enter your Social Security Number before going to the next page →

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor			
	To						
	Month/Year	Month/Year	Position Title	Supervisor			
	To						
Month/Year	Month/Year	Position Title	Supervisor				
To							
#5	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor			
	To						
	Month/Year	Month/Year	Position Title	Supervisor			
	To						
Month/Year	Month/Year	Position Title	Supervisor				
To							
#6	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor			
	To						
	Month/Year	Month/Year	Position Title	Supervisor			
	To						
Month/Year	Month/Year	Position Title	Supervisor				
To							

12 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name	Dates Known	Telephone Number
#1	Month/Year Month/Year 1984 To Present	Day Night X
Home or Work Address		
City (Country) State ZIP Code		
b6 per FBI b7C -		
Name	Dates Known	Telephone Number
#2	Month/Year Month/Year 1960 To Present	Day Night X
Home or Work Address		
City (Country) State ZIP Code		
Name	Dates Known	Telephone Number
#3	Month/Year Month/Year 1985 To Present	Day Night X
Home or Work Address		
City (Country) State ZIP Code		

Enter your Social Security Number before going to the next page

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13 YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

<input type="checkbox"/> 1 - Never married	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input checked="" type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally Separated	<input type="checkbox"/> 6 - Widowed

a Current Spouse Complete the following about your current spouse only.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
b6 per FBI			
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			Country(ies) of Citizenship b7C
11/71 to 5/85			U.S.
Date Married	Place Married (Include country if outside the U.S.)		State
If Separated, Date of Separation			
If Legally Separated, Where is the Record Located? City (Country)			
State			
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)			State ZIP Code

b Former Spouse(s). Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Susan A. Kreyer	1/6/34	Cook County	IL
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
U.S.	6/30/62	Glenview	IL
Check one, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Address of Former Spouse (Street, city, and country if outside the U.S.)			State ZIP Code Telephone Number
Deceased - 2000			()

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input checked="" type="checkbox"/> Pauline D. Sullivan	1	12/25/01	U.S.	U.S.		
<input checked="" type="checkbox"/> Clarence M. Sullivan	2	2/21/1894	U.S.	U.S.		
b6 per FBI b7D						
<input checked="" type="checkbox"/> Moses M. Landau	14	7/1/07	Austria	U.S.		
(b) (6)						

Enter your Social Security Number before going to the next page

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15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

#1	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information
#2	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

- a** Have you served in the United States military?
b Have you served in the United States Merchant Marine?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

•O/E. Mark "O" block for Officer or "E" block for Enlisted.

•Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

•Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status					Country	
				O	E	Active	Active Reserve	Inactive Reserve		National Guard (State)
9/52	To 8/54	2	US55 292 790		X	X				
	To									

17 YOUR FOREIGN ACTIVITIES

- a** Do you have any foreign property, business connections, or financial interests?
b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)
d In the last 7 years, have you had an active passport that was issued by a foreign government?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

•Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To		See attached	#3	To		
#2	To		page	#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

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Item 17a, page 6:

<u>From/To</u>	<u>Firm and/or Government</u>	<u>Explanation</u>
6/1/00 - 8/31/05	Diageo Plc ADR (DEO)	Investment -- New York-Great Britain, 300 shares
8/15/02 - 8/31/05	Abbey National Preferred Security (ANB.C)	Investment -- U.K., 1,600 shares
9/12/03 - 8/31/05	Willis Group Holdings LTD (WSH)	Investment -- New York-Bermuda, 325 shares
1/4/04 - 8/31/05	Daimler Chrysler AG (DCX)	Investment -- Germany, 76 shares
1/4/04 - 8/31/05	Total S.A. (TOT)	Investment -- France, 10 shares
4/1/05 - 8/31/05	Check Point Software Technologies Ltd. (CHKP)	Investment -- NASDAQ-Israel, 400 shares
8/18/05 - 8/31/05	Novartis AG-ADR (NVS)	Investment -- New York-Switzerland, 300 shares
8/26/05 - 8/31/05	Macquarie Global Infrastructure (MGU)	Investment -- Australia, 3,200 shares

Item 18, page 6:

From	To	Code	Country
8/95	8/95	1	Canada
3/96	3/96	2	France-Italy
12/96	12/96	2	Mexico
5/97	5/97	2	Belize
9/97	9/97	2	Canada
12/97	12/97	2	Costa Rica
8/98	9/98	2	Italy-France
7/99	7/99	2	Denmark-England-Estonia-Finland- Germany-Norway-Russia-Sweden
10/99	10/99	2	Mexico
7/00	7/00	2	Canada
6/01	6/01	2	Canada
6/02	6/02	2	Canada
2/03	2/03	2	Mexico
5/03	5/03	1, 2	Belgium-Holland
6/03	6/03	1, 2	Canada
11/03	12/03	2	Argentina-Brazil-Chile-Falkland Is.- Uruguay
1/04	1/04	2	St. Martin Is. (France-Netherlands)
6/04	7/04	2	France
9/04	10/04	1	England
3/05	3/05	2	Mexico

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Part 2 OFFICIAL
USE
ONLY

19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year	Type of Discharge	Yes	No
			X

20 YOUR SELECTIVE SERVICE RECORD

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number	Legal Exemption Explanation	Yes	No
			X

21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|----------------------------------|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | under unfavorable circumstances |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- | | | |
|---|-----|----|
| a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice) | Yes | No |
| b Have you ever been charged with or convicted of a firearms or explosives offense? | | X |
| c Are there currently any charges pending against you for any criminal offense? | | X |
| d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? | X | |
| e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) | | X |
| f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.) | | X |

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.). See attached page.

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

342-22-7548

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?
- b** Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?
- c** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

Yes No

X

X

X

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

25 YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes No

X

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

26 YOUR INVESTIGATIONS RECORD

- a** Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes No

X

Codes for Investigating Agency

- 1 - Defense Department
2 - State Department
3 - Office of Personnel Management

- 4 - FBI
5 - Treasury Department
6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
1 - Confidential
2 - Secret
3 - Top Secret
4 - Sensitive Compartmented Information
5 - Q
6 - L
7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
4 to 6/77	4		Other				

- b** To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Yes No

X

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD

- a** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- b** In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?
- c** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?
- d** In the last 7 years, have you had any judgments against you that have not been paid?

Yes No

X

X

X

X

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page

342-22-7548

Item 23, page 7:

On May 31 or June 1, 1992, my [redacted] who was then [redacted] together with several of her [redacted] were charged under a Wilmette, Illinois ordinance with [redacted] at my residence at 1529 Greenwood, Wilmette, Illinois. At that time I had sole custody of my [redacted] and we were living there together at 1529 Greenwood. When this incident occurred, I was in London, England on a business trip (May 31 to June 3). I received a ticket under a Wilmette ordinance with having alcoholic beverages in my house when underage children but no adult were present (Ticket No. P3524724). On January 15, 1993, my [redacted] and I went to trial in the Circuit Court of Cook County, District 2. We both were found not guilty by the trial judge.

b6 per FBI
b7c

28 YOUR FINANCIAL DELINQUENCIES**a** In the last 7 years, have you been over 180 days delinquent on any debt(s)?

Yes No

X

b Are you currently over 90 days delinquent on any debt(s)?

X

If you answered "Yes" to a or b, provide the information requested below:

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code

29 PUBLIC RECORD CIVIL COURT ACTIONS

Yes No

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

X

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (include City and county/country if outside U.S.)	State	ZIP Code

30 YOUR ASSOCIATION RECORD

Yes No

a Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

X

b Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

X

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)

Date

Enter your Social Security Number before going to the next page

342-22-7548

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.


I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink) 	Full Name (Type or Print Legibly) Thomas Patrick Sullivan	Date Signed 8/31/05
Other Names Used	Social Security Number 342-22-7548	
Current Address (Street, City) 1529 Greenwood, Wilmette	State IL	ZIP Code 60091
		Home Telephone Number (Include Area Code) (847) 256-7539

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

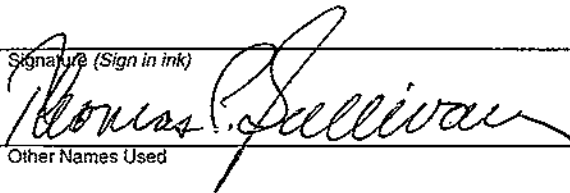
Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 	Full Name (Type or Print Legibly) Thomas Patrick Sullivan	Date Signed 8/31/05
Other Names Used		Social Security Number 342-22-7548
Current Address (Street, City) 1529 Greenwood, Wilmette	State IL	ZIP Code 60091
		Home Telephone Number (Include Area Code) (847) 256-7539

United States Department of Justice

Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act
(Title 15, U.S. Code, Section 1681)

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for Federal employment; during the course of your Federal employment (including employment under contract), and/or in connection with your security clearance or your access to classified information. One or more reports about you may be obtained for purposes of evaluating your fitness for employment, promotion, reassignment, retention, access to classified information, or other employment purposes.

I, Thomas P. Sullivan, hereby authorize the Department of Justice to obtain, and I further instruct any consumer/credit reporting agency to release to DOJ, any such report(s) for the above purposes.

Thomas P. Sullivan
Signature

8/31/05
Date

342-22-7548

Social Security Number

Jenner & Block LLP

Current Organization Assigned

DOJ-555
Revised Dec. 2004
Security and Emergency Planning Staff